

10/31/00
JC953 U.S. PTO

10-02-00

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. WELL0011

First Inventor or Application Identifier Banaugh et al.

Title Method and Apparatus for Integrated Payments Processing

Express Mail Label No. EL540886851US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 45]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
4. Oath or Declaration [Total Pages 3]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Other:
.....
.....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22862	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176
Signature		Date	10/31/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

JC914 U.S. PTO
09/703357

10/31/00

JC953 U.S. PTO
10/31/00

PTO/SB/17 (6/99)

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FEE TRANSMITTAL for FY 1999

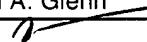
Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,614.00)

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Banaugh et al.
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	WELL0011

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES					
Deposit Account Number	07-1445	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		
Deposit Account Name	Michael A. Glenn	105	130	205 65 Surcharge - late filing fee or oath			
		127	50	227 25 Surcharge - late provisional filing fee or cover sheet			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		139	130	139 130 Non-English specification			
2. <input type="checkbox"/> Payment Enclosed:		147	2,520	147 2,520 For filing a request for reexamination			
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*	112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code (\$)	Fee Code (\$)	Fee Description					
101	760	201	380	Utility filing fee	710.00	Fee Paid	
106	310	206	155	Design filing fee			
107	480	207	240	Plant filing fee			
108	760	208	380	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1) (\$ 710.00)							
2. EXTRA CLAIM FEES							
Extra Claims Fee from below Fee Paid							
Total Claims	68	-20**	= 48	x 18	= 864.00		
Independent Claims	2	- 3**	= 0	x 80	= 0.00		
Multiple Dependent							
**or number previously paid, if greater; For Reissues, see below							
Large Entity Small Entity							
Fee Code (\$)	Fee Code (\$)	Fee Description					
103	18	203	9	Claims in excess of 20			
102	78	202	39	Independent claims in excess of 3			
104	260	204	130	Multiple dependent claim, if not paid			
109	78	209	39	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 864.00)							
Other fee (specify) _____							
Other fee (specify) _____							
* Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$ 40.00)							

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176	Telephone 6501-474-8400
Signature		Date	10/31/2000	

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